

## Ready! Fire! Aim!

<b>Grade Level</b>	Ninth
<b>Minimum Time Required</b>	30 Minutes
<b>Materials/Resources</b>	Ready ! Fire! Aim! Role of the Application Overhead
<b>Subject Area(s)</b>	Guidance - Business

### Project Description:

1. Each student should receive, face down, a copy of Ready! Fire! Aim!! (handout). When you say "GO!" they may begin the test.
2. When the first few are finished, ask the class to stop. Have a student read the directions and questions 1, 15 and 2; explain the title of the Energizer. Compare this activity to job and college-entrance applications and explain how both are tests to see if we follow directions.
3. Introduce the Role of the Application (overhead/handout) and discuss why employers and colleges use applications.
4. Have students imagine they are secretaries who have had a long day and are ready to go home. Suddenly, their bosses drop three applications (handouts) on their desks and ask them to select the best one to interview for a job with the company. Have students read each application carefully and decide which one they should screen in for an interview.
5. "Which application did you select? Why? Why did you screen out Applications #1 and #3? Let's make a list of why Application #2 was so successful." Formulate a list of all Red Flag words as well as neatness and completeness suggestions. Be sure students understand the fears employers have when they're reviewing applications.
6. "Whose name is on the applications? Do you see what a difference it makes when you are able to eliminate Red Flags and fears from applications? We all need to learn the little things that will screen us IN, whether we are trying to get a job, get into college, get a loan, etc."

<b>Career Development Standard</b>	Skills to prepare to seek, obtain, maintain, and change jobs.
<b>Career Development Indicator</b>	Demonstrate skills in preparing a resume and completing job applications.
<b>Delivery Level</b>	Introductory
<b>Academic Standards</b>	
<b>Language Arts</b>	1.4.c compile and synthesize information to make reasonable and informed decisions.
<b>Employability/SCANS Skills</b>	Basic Skills Thinking Skills
<b>Assessment/Rubric</b>	Students will be evaluated on class participation.

**Submitted by:** Kim Carson, Northwestern High School

## **ROLE OF THE APPLICATION:**



- 1. Becomes a calling card. (Please look at me.)**
- 2. Screens you out/in!**
- 3. Creates an agenda for the interview.**

# READY!! FIRE!! AIM!!!

**This is a timed test. You have only three minutes!**

1. Read everything carefully before doing anything.
2. Put your name in the upper right hand corner of this paper.
3. List two references. \_\_\_\_\_, \_\_\_\_\_.
4. Write your phone number. \_\_\_\_\_.
5. How many traffic tickets have you received? \_\_\_\_\_.
6. Write the names of your parent(s). \_\_\_\_\_.
7. If you think you have followed directions carefully to this point, call out "I HAVE."
8. On the reverse side of this paper, add the ages of all the people in your family.
9. Put a circle around your answer; put a square around the circle.
10. In your normal speaking voice, announce your height and weight.
11. Punch three small holes in the top of this paper with your pencil.
12. If you are the first person to reach this point, loudly call out, I AM THE FIRST PERSON TO REACH THIS POINT. I AM THE LEADER IN FOLLOWING DIRECTIONS."
13. Underline all even numbers on the left side of your paper.
14. Loudly call out, "I am nearly finished, Ready! Fire! Aim!"
15. Now that you are finished reading everything carefully, do only sentences one and two.

**APPLICATION FOR EMPLOYMENT**  
**(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)**

PERSONAL INFORMATION

					DATE	10-30-9.
					SOCIAL SECURITY	
NAME	Smith	John	A	NUMBER 505-41-00000		
	LAST	FIRST	MIDDLE			
PRESENT ADDRESS	BOX 106,	1901 Elm	Orien	N.J	68300	
	STREET		CITY	STATE	ZIP	
PERMANENT ADDRESS						
	STREET		CITY	STATE	ZIP	
PHONE NO.	(101) 444-0000		ARE YOU 18 YEARS OR OLDER? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED  
IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Yes ☐ No ☒

EMPLOYMENT DESIRED

POSITION	DATE YOU	SALARY
Labor	CAN START	DESIRED
	Immediately	open
ARE YOU EMPLOYED NOW? Yes, self-employed <input type="checkbox"/> IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/>		
EVER APPLIED TO THIS COMPANY BEFORE? No <input type="checkbox"/> WHERE? <input type="text"/> WHEN? <input type="text"/>		
REFERRED BY Want Ad <input type="text"/>		

EDUCATION	NAME AND LOCATION OF SCHOOL	NO OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL	Bell Ryan-Orien, N.J.	8	Yes	Basic
HIGH SCHOOL	Ryan High School-Orien, N.J.	2	GED	Shop Mechanics Business
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL	Orien Trade School Orien, N.J	1		Bookkeeping Math

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK  Equipment repair, (Shop, office, auto) Some construction such as dry wall, roofing

SPECIAL SKILLS  Accurate bookkeeping

ACTIVITIES: (CIVIC, ATHLETIC, ETC.)  Park and Rec baseball

EXCLUDE ORGANIZATIONS. THE NAME OF WHICH INDICATES THE RACE. CREED. SEX. AGE. MARITAL STATUS. COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U.S. MILITARY	registered	OR PRESENT MEMBERSHIP IN
NAVAL SERVICE	RANK	NATIONAL GUARD OR RESERVES

"This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS. STARTING WITH LAST ONE FIRST.)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM , 7-93 TO Present	Self-employed Orien, N.J.		Gardener, lawn, car repair	Desire career
FROM , 2-86 TO 6-93	Lu's café Platte Town, N.J.	\$3.00/hr + tips	Waiter-Asst.mgr	Relocate
FROM ,3-83 TO 12-85	Central Industry Orien, N.J.	\$6.00/HR	Laborer	Job Ended
FROM ,1-81 TO 11-82	Gas N' Shop Orien, N.J.	\$4.00/HR	Laborer	Business closed

WHICH OF THESE JOBS DID YOU LIKE BEST? Central Industry

WHAT DID YOU LIKE MOST ABOUT THIS JOB? Lot of responsibilities

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU. WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	ACQUAINTED
1 Rev. John Johnson	St. John's Church 4 <sup>th</sup> & Elm (101 444-6661	Minister	5
2 Elaine Russell	109 Central (101) 444-6000	Secretary	3
3 Ben Brown	164 A St. (101) 444-6731	Cashier	3

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND &amp; MASSACHUSETTS. (Fill in name of state) \_\_\_\_\_

IT IS UNLAWFUL IN THE STATE OF TO REQUIRE DR ADMINISTER A LIE DETECTOR TEST AS A

CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHD VIOLATES IS LAW SHALL BE  
SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

Signature of APPLICANT \_\_\_\_\_

IN CASE OF

EMERGENCY NOTIFY	Bill Smith	Box 106, Orein N.J.	(101) 444-0000
	NAME	ADDRESS	PHONE NO.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE. AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED. MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS. AND I AGREE THAT EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING. "

DATE 10-30-93

SIGNATURE John Smith

NOT WRITE BELOW THIS LINE

INTERVIEWED BY

DATE

REMARKS:

NEATNESS

ABILITY

HIRED: Yes No

POSITION

DEPT.

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED. 1.

2.

3.

EMPLOYMENT MANAGER -

DEPT. HEAD

GENERAL MANAGER

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This application for Employment Form IS sold for general use throughout the United States. TOPS assumes no responsibility for the Inclusion In said form of any questions Which, when asked by the Employer of the Job Application may violate State and/or Federal Law.

**APPLICATION FOR EMPLOYMENT**  
**(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)**

PERSONAL INFORMATION

DATE 10-30-93  
SOCIAL SECURITY  
NAME Smith John A. NUMBER 505-41-0000  
LAST FIRST MIDDLE  
PRESENT ADDRESS Box 106 Orien N.J. 68300  
STREET CITY STATE ZIP  
PERMANENT ADDRESS  
STREET CITY STATE ZIP  
PHONE NO. (101) 444-0000 ARE YOU 18 YEARS OR OLDER? Yes ☒ No

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED  
IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Yes No

**EMPLOYMENT DESIRED**

POSITION DATE YOU CAN START Now SALARY DESIRED \$600.00  
Any thing

ARE YOU EMPLOYED NOW? NO IF SO MAY WE INQUIRE  
OF YOUR PRESENT EMPLOYER?

EVER APPLIED TO THIS COMPANY BEFORE? NO WHERE? WHEN?

REFERRED BY

EDUCATION	NAME AND LOCATION OF SCHOOL	NO OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL	Bell Ryan, Orien, N.J.	8	Yes	Basic
HIGH SCHOOL	Ryan High School Orien, N.J.	2	No	Basic
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

**GENERAL**

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: (CIVIC, ATHLETIC, ETC.) NA

EXCLUDE ORGANIZATIONS. THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U.S. MILITARY OR PRESENT MEMBERSHIP IN  
NAVAL SERVICE RANK NATIONAL GUARD OR RESERVES

**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS. STARTING WITH LAST ONE FIRST.)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM , 7-93 TO 8-93	Milton's Bakery & Dairy Orien, N.J.	\$4.25	Baker	Fired
FROM 2-86 TO 6-83	Lois Café Platte Town, N.J.	\$3.00	Waiter	Quit
FROM 3-83 TO 12-85	Central Industry Orien, N.J.	\$6.00	Laborer	Sick
FROM 1-81 TO 11-82	Gas n Shop Orien, N.J.	\$4.00	Laborer	Business Closed

WHICH OF THESE JOBS DID YOU LIKE BEST? Central Industry  
WHAT DID YOU LIKE MOST ABOUT THIS JOB? Money

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU. WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	ACQUAINTED
1 Ben Brown	1614 A Street	Cashier	3
2 Mary Brown	1614 A Street	House Wife	3
3 Sarah White	1907 Elm Street	Waitress	1

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. (Fill in name of state) \_\_\_\_\_  
IT IS UNLAWFUL IN THE STATE OF MD REQUIRE DR ADMINISTER A LIE DETECTOR TEST AS A  
CONDITION OF EMPLOYMENT DR CONTINUED EMPLOYMENT. AN EMPLOYER WHD VIOLATES IS LAW SHALL BE  
SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

Signature of APPLICANT \_\_\_\_\_

IN CASE OF

EMERGENCY NOTIFY	Bill Smith	Box 106	444-0000
	NAME	ADDRESS	PHONE NO.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE. AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED. MY APPLICATION MAY BE REJECTED AND. IF I AM EMPLOYED. MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.  
IN CONSIDERATION OF MY EMPLOYMENT. I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS. AND I AGREE THAT EMPLOYMENT AND COMPENSATION CAN BE TERMINATED. WITH OR WITHOUT CAUSE. AND WITH OR WITHOUT NOTICE, AT ANY TIME. AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED. WITH OR WITHOUT CAUSE. AND WITH OR WITHOUT NOTICE. AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE. OTHER THAN IT'S PRESIDENT. AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME. OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING. "

DATE 10-30-93 SIGNATURE John Smith

NOT WRITE BELOW THIS LINE

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

REMARKS:

NEATNESS \_\_\_\_\_ ABILITY \_\_\_\_\_

HIRED: Yes No POSITION \_\_\_\_\_ DEPT. \_\_\_\_\_

SALARY/WAGE	DATE REPORTING TO WORK
APPROVED. 1.	2. 3.
EMPLOYMENT MANAGER -	DEPT. HEAD GENERAL MANAGER

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This application for Employment Form IS sold for general use throughout the United States. TOPS assumes no responsibility for the Inclusion In said form of any questions Which, when asked by the Employer of the Job Application may violate State and/or Federal Law.

**APPLICATION FOR EMPLOYMENT**  
**(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)**

PERSONAL INFORMATION

			DATE		
NAME	John	A	Smith	SOCIAL SECURITY	
	LAST	FIRST	MIDDLE	NUMBER	
PRESENT ADDRESS	Box 201	Orien	N.J.		
	STREET	CITY	STATE	ZIP	
PERMANENT ADDRESS					
	STREET	CITY	STATE	ZIP	
PHONE NO.	ARE YOU 18 YEARS OR OLDER? Yes No				

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED  
IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Yes No

**EMPLOYMENT DESIRED**

POSITION	DATE YOU	SALARY
Anything	CAN START Tomorrow	DESIRED \$450.00
ARE YOU EMPLOYED NOW?	No	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? Yes
EVER APPLIED TO THIS COMPANY BEFORE?	No	WHERE? WHEN?
REFERRED BY	NA	

EDUCATION	NAME AND LOCATION OF SCHOOL	NO OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL	Ryan			
HIGH SCHOOL	Ryan Jr. high			
COLLEGE	NA			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL	NA			

**GENERAL**

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK NA

SPECIAL SKILLS NA

ACTIVITIES: (CIVIC, ATHLETIC, ETC.) NA

EXCLUDE ORGANIZATIONS. THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U.S. MILITARY	OR PRESENT MEMBERSHIP IN
NAVAL SERVICE	NATIONAL GUARD OR RESERVES
RANK	

"This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.



**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS. STARTING WITH LAST ONE FIRST.)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM , TO	Milton's Bakery and Dairy	\$4.20	Baker	Fired
FROM , TO	Lois Café	\$3.00	Waiter	Quit
FROM , TO	Central Industry	\$6.00	Waiter	Sick
FROM , TO				

WHICH OF THESE JOBS DID YOU LIKE BEST? \_\_\_\_\_

WHAT DID YOU LIKE MOST ABOUT THIS JOB? \_\_\_\_\_

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU. WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	ACQUAINTED
1 Bill Smith	Box 270	Friend	Always
2			
3			

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. (Fill in name of state) \_\_\_\_\_  
IT IS UNLAWFUL IN THE STATE OF MD REQUIRE DR ADMINISTER A LIE DETECTOR TEST AS A  
CONDITION OF EMPLOYMENT DR CONTINUED EMPLOYMENT. AN EMPLOYER WHD VIOLATES IS LAW SHALL BE  
SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

Signature of APPLICANT John Smith

IN CASE OF

EMERGENCY NOTIFY Mary Brown  
NAMEBox 201  
ADDRESS

PHONE NO.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE. AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.  
IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING. "

DATE

SIGNATURE

NOT WRITE BELOW THIS LINE

INTERVIEWED BY

DATE

REMARKS:

NEATNESS

ABILITY

HIRED: Yes No

POSITION

DEPT.

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED. 1.

2.

3.

EMPLOYMENT MANAGER -

DEPT. HEAD

GENERAL MANAGER

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This application for Employment Form IS sold for general use throughout the United States. TOPS assumes no responsibility for the Inclusion In said form of any questions Which, when asked by the Employer of the Job Application may violate State and/or Federal Law.